

	<h1 style="text-align: center;">NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT</h1> <p style="text-align: center;">Entered data must meet 28 CFR Part 23 guidelines.</p>					TYPE OF REPORT	
						<input type="checkbox"/> Lab Seizure <input type="checkbox"/> Chem/Glassware/Equip Seizure <input type="checkbox"/> Dumpsite	
	I Reporting Office (An * asterisk symbol indicates a mandatory field)						
Seizure Date* MMDDYYYY	Date of Report MMDDYYYY	Agency or ORI*	City*	State*	Case or File Number		
Case or File Title		Reporting Officer/Agent		Telephone Number*	COPS Number*		
II Laboratory Structure (Check one - put additional information in remarks)							
<input type="checkbox"/> Apartment	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Single Family House	<input type="checkbox"/> Storage Locker	<input type="checkbox"/> Business			
<input type="checkbox"/> Condominium	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Open Air - No Structure	<input type="checkbox"/> Other-Describe:			
III Laboratory Neighborhood (Check most appropriate)							
<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Rural	<input type="checkbox"/> Suburban	<input type="checkbox"/> Urban	<input type="checkbox"/> Other - Describe:		
IV Estimated Lab Capacity (Based on seized chemicals, glassware and equipment on site)							
<input type="checkbox"/> Under 2 Oz	<input type="checkbox"/> 2 - 8 Oz	<input type="checkbox"/> 9 Oz - 1 Lb.	<input type="checkbox"/> 2-9 Lbs.	<input type="checkbox"/> 10-19 Lbs.	<input type="checkbox"/> 20 Lbs. or Greater		
Estimated Value of Equipment \$							
V Laboratory Status (Check all that apply)							
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Explosion	<input type="checkbox"/> Operational- Not in Production				
<input type="checkbox"/> Boxed/Stored	<input type="checkbox"/> Disassembled	<input type="checkbox"/> Fire	<input type="checkbox"/> Operational-In Production				
VI Lab Manufacturing Process (Check all that apply)							
<input type="checkbox"/> Ephedrine/Red "P"/Hydriodic Acid Reduction	<input type="checkbox"/> Ephedrine/Lithium, Sodium or Potassium/Anhydrous Ammonia (Nazi/Birch)	<input type="checkbox"/> Ephedrine Tablet Extraction					
<input type="checkbox"/> Pseudoephedrine/Red "P"/Hydriodic Acid Reduction	<input type="checkbox"/> Pseudoephedrine/Lithium, Sodium or Potassium/Anhydrous Ammonia (Nazi/Birch)	<input type="checkbox"/> Pseudoephedrine Tablet Extraction					
<input type="checkbox"/> P2P/Methylamine	<input type="checkbox"/> Hydriodic Acid Manufacturing	<input type="checkbox"/> Other - Describe:					
<input type="checkbox"/> Hydrogenation							
VII Laboratory Equipment (Continue in remarks)							
<input type="checkbox"/> Homemade/Improvised	<input type="checkbox"/> Professional/Retail	Store Name:					
		City:				State:	
VIII Laboratory Type (Check all that apply)							
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Tablet Extraction	<input type="checkbox"/> LSD	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> PCP			
<input type="checkbox"/> Cocaine	<input type="checkbox"/> GHB	<input type="checkbox"/> MDMA	<input type="checkbox"/> Methcathinone	<input type="checkbox"/> Other - Describe:			
IX Laboratory Address							
Street #	Dir. (E,S, etc.)	Street Name	Suffix (St, Ave, etc.)	Unit # (Apt...)			
City	County*	State*	Zip	Latitude/Longitude			
X Chemist and Clean-up Personnel							
Chemist on Site:		Hazmat Contractor Utilized		Name of Hazmat Contractor:			
<input type="checkbox"/> a. State/Local	<input type="checkbox"/> b. DEA	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
XI Persons Affected (Check all that apply and indicate number)							
Total Children Affected (#_____)	a. Child Injured (#_____)	Total Suspects Involved (#_____)	Civilians Exposed to Toxic Chemicals (#_____)				
Children Residing (#_____)	b. Child Killed (#_____)	Suspects Exposed to Toxic Chemicals (#_____)	Civilians at or near Lab (#_____)				
Children Exposed to Toxic Chemicals (#_____)	Law Enforcement Injured (#_____)	Suspects Present (#_____) (Include items a & b below)	(Include items a & b below)				
Children Protective Custody (#_____)	Law Enforcement Killed (#_____)	a. Suspects Injured (#_____)	a. Civilians Injured (#_____)				
Children Present (#_____) (Include items a & b in next column)	Law Enforcement Exposed to Toxic Chemicals (#_____)	b. Suspects Killed (#_____)	b. Civilians Killed (#_____)				

NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT - CONTINUED

XII Weapons/Explosives Seized (Check all that apply and continue in remarks)														
		Quantity	Make	Model	Caliber	Serial#								
<input type="checkbox"/>	Assault Rifle													
<input type="checkbox"/>	Handgun													
<input type="checkbox"/>	Rifle													
<input type="checkbox"/>	Shotgun													
<input type="checkbox"/>	Explosives	<input type="checkbox"/>	Blasting Caps	<input type="checkbox"/>	Dynamite	<input type="checkbox"/>	Grenades							
<input type="checkbox"/>	Landmine	<input type="checkbox"/>	Pipe Bomb	<input type="checkbox"/>	Plastic Explosive	<input type="checkbox"/>	Other							
<input type="checkbox"/>	<i>Booby Trap Seized (Ck Type)</i>	<input type="checkbox"/>	<i>Chemical</i>	<input type="checkbox"/>	<i>Explosive</i>	<input type="checkbox"/>	<i>Mechanical</i>							
XIII Finished Drugs Seized at Lab Site (Check all that apply)														
<input type="checkbox"/>	Amphetamine	<input type="checkbox"/>	GHB	<input type="checkbox"/>	MDMA	<input type="checkbox"/>	Methcathinone	Other – Describe:						
<input type="checkbox"/>	Cocaine	<input type="checkbox"/>	LSD	<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>	PCP							
XIV Unfinished Drugs In Stages of Manufacture at Lab Site (Check all that apply)														
<input type="checkbox"/>	Amphetamine	<input type="checkbox"/>	LSD	<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>	PCP	Other - Describe:						
<input type="checkbox"/>	Cocaine	<input type="checkbox"/>	MDMA	<input type="checkbox"/>	Methcathinone	<input type="checkbox"/>								
XV Quantity of All Drugs Seized at Lab Site (Check all that apply/Specify amount & unit of measure)														
<input type="checkbox"/>	Amphetamine	_____	Amt	<input type="checkbox"/>	LSD	_____	Amt	<input type="checkbox"/>	Methcathinone	_____	Amt			
<input type="checkbox"/>	Cocaine	_____	Amt	<input type="checkbox"/>	MDMA	_____	Amt	<input type="checkbox"/>	PCP	_____	Amt			
<input type="checkbox"/>	GHB	_____	Amt	<input type="checkbox"/>	Methamphetamine	_____	Amt	<input type="checkbox"/>	Other - Describe:	_____	Amt			
XVI Precursor/Chemical Source (If more than one precursor, continue in remarks)														
Specify Precursor:			Source:	<input type="checkbox"/>	Chemical Company	<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Retail Outlet	<input type="checkbox"/>	Unknown			
Store Name:			City:		State:		Country:		Other - Describe:					
XVII Precursors/Chemicals Seized (Check all that apply/Specify unit of measure)														
<input type="checkbox"/>	Acetone	_____	Amt	<input type="checkbox"/>	Ether	_____	Amt	<input type="checkbox"/>	Phenylacetic Acid	_____	Amt			
<input type="checkbox"/>	Alcohol	_____	Amt	<input type="checkbox"/>	Freon	_____	Amt	<input type="checkbox"/>	Phenylpropanolamine	_____	Amt			
<input type="checkbox"/>	Aluminum	_____	Amt	<input type="checkbox"/>	Grignard	_____	Amt	<input type="checkbox"/>	Piperidine	_____	Amt			
<input type="checkbox"/>	Anhydrous Ammonia	_____	Amt	<input type="checkbox"/>	Hydriodic Acid (HI)	_____	Amt	<input type="checkbox"/>	Potassium Metal	_____	Amt			
<input type="checkbox"/>	Benzaldehyde	_____	Amt	<input type="checkbox"/>	Hydrochloric Acid (Muriatic)	_____	Amt	<input type="checkbox"/>	Potassium Permanganate	_____	Amt			
<input type="checkbox"/>	Benzene	_____	Amt	<input type="checkbox"/>	Hydrogen Chloride Gas	_____	Amt	<input type="checkbox"/>	Pseudoephedrine	_____	Amt			
<input type="checkbox"/>	Benzylchloride	_____	Amt	<input type="checkbox"/>	Hydrogen Gas	_____	Amt	<input type="checkbox"/>	<input type="checkbox"/>	Bulk	<input type="checkbox"/>			
<input type="checkbox"/>	Benzylcyanide	_____	Amt	<input type="checkbox"/>	Hydrogen Peroxide	_____	Amt	Brand Name(s):		Lot Number(s):				
<input type="checkbox"/>	Bromobenzene	_____	Amt	<input type="checkbox"/>	Hypophosphorous Acid	_____	Amt							
<input type="checkbox"/>	Butyrolactone	_____	Amt	<input type="checkbox"/>	Iodine (Crystals)	_____	Amt							
<input type="checkbox"/>	Caustic Soda	_____	Amt	<input type="checkbox"/>	Iodine (Tincture)	_____	Amt							
<input type="checkbox"/>	Charcoal Lighter Fluid	_____	Amt	<input type="checkbox"/>	Lithium Metal	_____	Amt	<input type="checkbox"/>	Red Phosphorus	_____	Amt			
<input type="checkbox"/>	Chloroform	_____	Amt	<input type="checkbox"/>	Magnesium	_____	Amt	<input type="checkbox"/>	Sodium Chloride (Salt)	_____	Amt			
<input type="checkbox"/>	Chromium Trioxide	_____	Amt	<input type="checkbox"/>	Mercuric Chloride	_____	Amt	<input type="checkbox"/>	Sodium Cyanide	_____	Amt			
<input type="checkbox"/>	Coleman/Camping Fuel	_____	Amt	<input type="checkbox"/>	Methanol	_____	Amt	<input type="checkbox"/>	Sodium Dichromate	_____	Amt			
<input type="checkbox"/>	Cyclohexanone	_____	Amt	<input type="checkbox"/>	Methyl Ethyl Ketone (MEK)	_____	Amt	<input type="checkbox"/>	Sodium Hydroxide (Lye)	_____	Amt			
<input type="checkbox"/>	Ephedrine	_____	Amt	<input type="checkbox"/>	Methylamine	_____	Amt	<input type="checkbox"/>	Sodium Metal	_____	Amt			
<input type="checkbox"/>	<input type="checkbox"/>	Bulk	<input type="checkbox"/>	Tablets	<input type="checkbox"/>	Blister Packs	<input type="checkbox"/>	Methylsulfonylmethane (MSM)	_____	Amt	<input type="checkbox"/>	Sulfuric Acid	_____	Amt
Brand Name(s):			Lot Number(s):			<input type="checkbox"/>	Naptha	_____	Amt	NOTE: Brand Names and Lot Numbers for chemicals <u>other than</u> ephedrine and pseudoephedrine should be entered in the Remarks section.				
						<input type="checkbox"/>	P2P	_____	Amt					
						<input type="checkbox"/>	PCC	_____	Amt					
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Toluene	_____	Amt				

NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT - CONTINUED															
XVIII Criminal Affiliation (If applicable)															
<input type="checkbox"/> Asian Org		<input type="checkbox"/> Mexican Org		<input type="checkbox"/> Militia Group		<input type="checkbox"/> Outlaw Motorcycle Gang		<input type="checkbox"/> Traditional Organized Crime							
<input type="checkbox"/> Other - Describe:		Organization/Gang Name:													
XIX Suspect/Criminal Business/Criminal Vehicle Information															
Suspect #1 Information															
Last Name (Paternal)				Last Name (Maternal)				First Name				Middle Name			
Generation (Jr, Sr, etc.)			Sex		Race		Nationality			DOB (MMDDYYYY)					
Alt DOB		Height (in)		Weight (lbs)		Hair Color		Eye Color		Arrested		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Foreign Phone		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Phone Type (regular, cell, etc.)				Phone Number					
Suspect Residence Information															
St. #		Direction			Street Name			Unit # (Apt)			P.O. Box #				
City				County				State		Country			Zip		
Involvement (Role) and Identification Numbers															
<input type="checkbox"/> Cook/Chemist		<input type="checkbox"/> Enforcer		<input type="checkbox"/> Smuggler		<input type="checkbox"/> Chemical Courier		<input type="checkbox"/> Acquaintance							
<input type="checkbox"/> Distributor		<input type="checkbox"/> Financier		<input type="checkbox"/> Glassware Courier		<input type="checkbox"/> Other - Describe:									
Social Security Number								Driver License Number/State							
FBI Number								Alien Registration Number							
NADDIS Number								Other Number							
Suspect #2 Information															
Last Name (Paternal)				Last Name (Maternal)				First Name				Middle Name			
Generation (Jr, Sr, etc.)			Sex		Race		Nationality			DOB (MMDDYYYY)					
Alt DOB:		Height (in)		Weight (lbs)		Hair Color		Eye Color		Arrested		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Foreign Phone		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Phone Type (regular, cell, etc.)				Phone Number					
Suspect Residence Information															
St. #		Direction			Street Name			Unit # (Apt)			P.O. Box #				
City				County				State		Country			Zip		
Involvement (Role) and Identification Numbers															
<input type="checkbox"/> Cook/Chemist		<input type="checkbox"/> Enforcer		<input type="checkbox"/> Smuggler		<input type="checkbox"/> Chemical Courier		<input type="checkbox"/> Acquaintance							
<input type="checkbox"/> Distributor		<input type="checkbox"/> Financier		<input type="checkbox"/> Glassware Courier		<input type="checkbox"/> Other - Describe:									
Social Security Number								Driver License Number/State							
FBI Number								Alien Registration Number							
NADDIS Number								Other Number							
Suspect #3 Information															
Last Name (Paternal)				Last Name (Maternal)				First Name				Middle Name			
Generation (Jr, Sr, etc.)			Sex		Race		Nationality			DOB (MMDDYYYY)					
Alt DOB:		Height (in)		Weight (lbs)		Hair Color		Eye Color		Arrested		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Foreign Phone		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Phone Type (regular, cell, etc.)				Phone Number					
Suspect Residence Information															
St. #		Direction			Street Name			Unit # (Apt)			P.O. Box #				
City				County				State		Country			Zip		
Involvement (Role) and Identification Numbers															
<input type="checkbox"/> Cook/Chemist		<input type="checkbox"/> Enforcer		<input type="checkbox"/> Smuggler		<input type="checkbox"/> Chemical Courier		<input type="checkbox"/> Acquaintance							
<input type="checkbox"/> Distributor		<input type="checkbox"/> Financier		<input type="checkbox"/> Glassware Courier		<input type="checkbox"/> Other - Describe:									

NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT - CONTINUED													
Social Security Number						Driver License Number/State							
FBI Number						Alien Registration Number							
NADDIS Number						Other Number							
Criminal Business Information (If applicable)													
Business Name:													
Street #		Direction		Street Name				Unit# (Apt)		P. O. Box			
City			County			State		Country		Zip Code			
Foreign Phone		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Phone Type (regular, cell, etc.)				Phone Number			
NADDIS Number				Other Numbers (TECS, Case, etc.)									
Criminal Vehicle Information (If applicable)													
License Number				State		Country		Seized		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
VIN Number				Type		Make		Model		Year			
Temporary License Plate #				Owner Type (Privately owned, rental, etc.)									
Registered Owner													
XX Federal Reporting Only													
GDEP Identifier				<input type="checkbox"/>	Operation Velocity		<input type="checkbox"/>	Operation Backtrack		<input type="checkbox"/>	Special Operations Division Supported Case		
DEA Office Identifier and Case Number if other than Reporting Office													
Special Agent's Name								Phone #					
Remarks													
CLSS Help Desk			UNCLASSIFIED FAX:			CLASSIFIED FAX:			MAILING ADDRESS:				
1-888-USE-EPIC 873-3742			(915) 760-2359			(915) 760-2538			El Paso Intelligence Center 11339 SSG Sims Street El Paso, Texas 79908-8098				
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